

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	70385	
O.I.P.E. CLASSIFIER		16	3 4 9 9
FORMALITY REVIEW	M.M.	71620	3-11-99

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
+ Restricted	O Objected

Claim	Date
Final	
Original	
1	
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42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
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57	✓
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60	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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